Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300 Candidate or Committee Pre-Election 30-Day / Year-End Report: Pre-Preliminary Organization / Providing Materials / Notification * Organizational form provided to candidate or committee (M101, M101BQ, M101PC) Campaign finance report form provided to candidate or committee (M102) Summary of the campaign finance law provided (OCPF guide booklet) Filing notice (includes reporting dates, due dates and language concerning late fines) Pre-Preliminary Pre-Election 30-Day Year-end *All forms, guides and notices can be delivered by e-mail **Inspecting Reports** The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date. Correct dates for the relevant reporting period **Signatures** Positive ending balance If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence. Contributions (Monetary receipts and in-kind contributions) Names and Addresses for contributions of more than \$50 Occupation and Employer for contributions of \$200 or more No-contributions from corporations, business partnerships, LLCs or LLPs No contributions from individuals or PACs for more than \$500 (see OCPF's limits chart for other limits) Expenditures Vendor Names and Addresses for expenditures of more than \$50 Purpose information is disclosed Reimbursements form (R-1s) filed for reimbursements

Date of Inspection



Municipal Form JAN13AM09:40HAW CITYC Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 10-17-15 Ending Date: 12-31-15
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
WILLIAM H. RYAN Candidate Full Name (if applicable)	WILLIAM H. RYAN COMMITTER Committee Name
City Council Office Sought and District	TA law Towbey Name of Committee Treasurer
16 GNORD ST HAVAVII (Residential Address	Committee Mailing Address 01830
Telephone Number (optional): 6 978-521-1130	Telephone Number (optional): 978-521-1/30
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	#6,73.7,42
Line 2: Total receipts this period (page 3, line 11	#5,320.00
Line 3: Subtotal (line 1 plus line 2)	\$12,057-42
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	\$12,057.42
Line 6: Total in-kind contributions this period (p	page 6) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: HAVEV hill	11 BANK
Affidavit of Committee Treasurer: 1 certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity and incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ne best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: /-//-/6

SUILDULE A. NECELL 10

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar rear. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

eport all receipts. Please include your committee name and a page number on each page.)					
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
10-22-15	Erick Brown	\$25.00			
	27 Paggy's love Alton, NH				
	Tom Dipietro	\$100.00			
10-22-15	125 GATE AV 01830				
	Bill Klueber	\$ 25.00			
10-22-15	1 85 MINUCLESIEN 01835				
	Frank Pacheco 30 LISA LN, 01835	\$ 100.00			
10-82-19	30 LISQ LN, 01835				
	ROLAND, POINEL	\$25 00			
10-22-15	30 LEYLAND AU 01832	*C			
	Ed Rurack	\$ 2500			
10-22-15		425,00			
	MIKE KYAN 1072 Main St 0830	\$ 20,00			
6-22-15	1072 Main St 0830	20,00			
10.00	JOE WOJCIK 15 DOGWOOD W. DONSTABLE	\$100,00			
10-22-13	15 DOJOXOD W. DONSTable	/00.			
	Conge Collins	250.00	ACCOUNTANT-SELF		
10-24-15	George Collins 27 FARRUNOT Dr. 01835				
	THUIS DAVIS	# (200			
10-24-15	14 CONCORD ST 01830	\$50,00			
	Cheryl Ferguson 19 Duckley St 01830	# Care			
10.24.15	19 Dudley St 01830	50,00			
	I CON LAM BENT	4 7 C M	ROOFING CO - Self		
10-24.15	28 whitney St 01832	7 250,00			
Line 9: Total Rece	cipts over \$50 (or listed above)		500 3		
	eipts \$50 and under* (not listed above)		Seone 3		
·		1	← Enter on page 1, line 2		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	O Line 10 show	ld include only those receipts not itemized above.		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized abov

SUILDULL A. RECEIL IS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar rear. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

eport all receipts. Please include your committee name and a page number on each page.)

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Pages at e required to					
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
10-24-15	EL MCINTYRE 46 Riverside AV 01850	\$25,00	(
10-24-15	Phil Rico 1/21/ E. Bronduny 0/830	\$100.00			
10-28-15	BUSS AHERN 39 E. BROWLWAY 01830	\$50.00			
	Welson Blinn Go Bailey Blud 01830	\$ 100.00			
	ENNIE DI BURRO 125 S. Main St 01835	15000			
10-28-15	STEVE Doherty 14 Glevmen & 01832	\$ 300.00	CONSTRUCTION-SOIF		
التسميم مصالا	OR FAITIM IAN PROBRES	\$5000			
1:1 <i>1/ / =3/69 11</i> 111 :	THANK FUANZONA 34 NAWARK ST 01832	\$5000			
11/0 28 15 11	8 Essex SF 01832	\$100,00			
10-28-15 1	VAGE LOCAL # 5000	\$500 as	LABOR UNION		
10-28-15 8	Richmond St 01830	100.00			
10-28-15	ENE O'neill E WAGNE ST 01835	50.00			
Line 9: Total Receipts	over \$50 (or listed above)		See PAGE 3		
Line 10: Total Receipts	\$50 and under* (not listed above)				
	EIPTS IN THE PERIOD	Line 10 de de	Enter on page 1, line 2		
If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.					

Page:

SCHEDULE A. RECERTO

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar ear. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the ecupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

eport all receipts. Please include your committee name and a page number on each page.)

chort an receipts. Please include your committee name and a page number on each page.)				
Day Day	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
10 00 12	Ken Paquetto	#_		
10-28-15	563 SO Main St 01833	\$50.00		
		<i>Z</i>		
1000	Arnold Perna	500,00	Trucking - SOLF Employ	
10-28-15	12 WOODLAND R 01830	300,00		
	Steve StapINSET	W	Builler-self-Employed	
10-28-15		250.00	BUILER - JE 11 - EMPROYER	
	12 Apache Dr ANdoren	20.00		
1 5.	King Weinstein	II	Real-Estate-Self-Employee	
10-28-15		# 200,00	in cease of the ce	
	9 TRAVES ST 01830			
	Steve Defeat	#		
10-30.15	PO BOX 5415 BOX FOR	7500		
	Richard GREEN	7		
[1-03-15]	ZZ VIllage Q, Repparill	100.00		
1	John Chemaly	d	Health CARE, Sevices	
11-05-15	1221 WESTERD ST, LOWELL	\$50000		
	124 Westivits	Jacob		
	Chris DKK	# _		
11-05-15	187 CATE MOUNT Pa, Restsbury	150.00		
1 (/	187 CHILLMOOK! TO REPSOURS			
11000	GARY SEP-C 1221 WESTFOOLST LOWELL	*	Health CARE SERVICES	
11.05.15	1221 West FOOT LOWELL	500 . R		
	200211	111		
11 10 1	DAVID VASTA WINDAM 5 HORON CONO PO NH	<i>B</i>	KIC Carport Co 33 4FAYETTOSY 01832	
11-19-15	SHOPM (MID & NH	200,00	33 44FAYETTOSY 01832	
[
	#			
		[]		
Line 9: Total Receip	ts over \$50 (or listed above)	\$5,00.00		
Line 10: Total Receip	ots \$50 and under* (not listed above)	· 0 ·		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	5,370,00	Andrew Williams	
	i i i la de de la line O	Line 10 should	include only those receipts not itemized above	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required report all expenditures. Please include your committee name and a page number on each page.)

(alphabetical listing) Address Purpose of Expenditure Amount Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD ou have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

COMIKIRALIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

	The state of the s	mended in line 16 on page 1.	and any all	under may be
Date Received	TOWN TANDOM TERETARD.	Residential Address	Description	
11-4-15	MRSC -SUITE #400 85 MERRIMAC St BOS DIN, MA 02114	85 Merrimac St. Beston, Ma 02114	Description of Contribution	Value 7448.69
		e 15: In-Kind Contributions ove	4. //-1	48.69
		2 16: In-Kind Contributions \$50 2 17: TOTAL IN-KIND CONT		2/10/10
an in-kind contribut he contributor; in ad	tion is received from a person who cor dition, if the contribution is \$200 or m	ntributes more than \$50 in a calend	77.	nd address

If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must rep the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Page 6

DUILLULLU: LIADILIIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as w as those liabilities incurred during this reporting period.

